

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

89485277

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
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33	32			1		
34	32			1		
35	32			1		
36	32			1		
37	1			1		
38	1			1		
39	1			1		
40	1			1		
41	1			1		
42	1			1		
43	1			1		
44	1			1		
45	1			1		
46	1			1		
47	1			1		
48	1			1		
49	1			1		
50	1			1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51		1			1			
52		1			1			
53		1			1			
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TOTAL IND.				1				
TOTAL DEP.	176			52				
TOTAL CLAIMS	177			53				

CLAIMS ONLY

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1					
TOTAL DEP.	24					
TOTAL CLAIMS	25					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS